PTO/SB/17 (10-04v2)
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| CEETDANICAUTTAL | Complete if Known | | | | |
|--|------------------------------------|--|---|---------------------------|--|
| FEE TRANSMITTAL | Application Number 10/763,924 | | | | |
| TOFFY 2005 | | Filing Date January 23, 2004 | | | |
| | | First Named Inventor Russell D. Balley | | | |
| Effective 10/01/2004. Patent fees are subject to annual revision. | Examiner Nar | Examiner Name Kurt C. Rowan | | | |
| Applicant claims small entity status. See 37 CFR 1.27 | Art Unit | 3 | 343 | | |
| TOTAL AMOUNT OF PAYMENT (\$) 75 | Attorney Docket No. 2639-000002/US | | | | |
| METHOD OF PAYMENT (check all that apply) | FEE CALCULATION (continued) | | | | |
| | 3. ADDITIONAL FEES | | | | |
| ☑ Check ☐ Credit card ☐ Money ☐ Other ☐ None Order | Large Entity Small Entity | | | | |
| Deposit Account: | Fee Fee Fee Fee Fee Paid | | | escription Fee Paid | |
| Deposit Account 08-0750 | Code (\$) 1051 130 | Code (\$) 2051 65 | , | | |
| Number | 1052 50 | 2052 25 | | ional filing fee or cover | |
| Deposit District Control of Contr | 1053 130 | 1053 13 | Non-English specificati | ion | |
| Account Hamess, Dickey & Pierce, P.L.C. Name | 1812 2,520 | 1812 2, | 520 For filling a request for | ex parte reexamination | |
| The Director is authorized to: (check all that apply) Charge tee(s) indicated below Credit any overpayments | 1804 920* | 1804 92 | 920° Requesting publication of SIR prior to Examiner action | | |
| ☐ Charge any additional fee(s) or any underpayment of fee(s) ☐ Charge fee(s) indicated below, except for the filling fee | 1805 1,840* | 1805 1,1 | 1,840° Requesting publication of SIR after Examiner action | | |
| to the above-identified deposit account. | 1251 120 | 2251 60 | | hin first month | |
| FEE CALCULATION | 1252 450 | 2252 22 | Extension to reply with | | |
| 1. BASIC FILING FEE | 1253 1020 | 2253 51 | | | |
| Large Entity Small Entity | 1254 1590 | 2254 79 | | hin fourth month | |
| Fee Fee Fee Fee Fee <u>Fee Description</u> Code (5) Code (5) Fee Paid | 1255 2160 | | 180 Extension for reply with | hin fifth month | |
| 1001 790 2001 395 Utility filling fee | 1401 - 500 | 2401 25 | · | | |
| 1002 350 2002 175 Design filing fee | 1402 500 | | 50 Fiting a brief in support of an appeal | | |
| 1003 550 2003 275 Plant filing fee | 1403 1000 | 2403 50 | | | |
| 1004 790 2004 395 Reissue filing fee | 1451 1,510 | 1 | .510 Petition to institute a public use proceeding | | |
| 1005 160 2005 80 Provisional filling fee | 1452 500 | | 250 Petition to revive – unavoidable | | |
| SUBTOTAL (1) (5) 0 | 1453 1500 | 1 /- | 750 Petition to revive – unintentional | | |
| | 1501 1400 | 1 | | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | 1502 800 | 1 | 400 Design issue fee | | |
| Fee from Extra Claims below Fee Paid | 1503 1100 | 2509 55 | | · | |
| Total Claims 23 -20 " = 3 X 25 = 75 | 1460 130 | 1460 13 | | | |
| Independent O | 1807 50 | 1807 50 | | | |
| Cleims = 0 X = 0 | 1806 180 | 1806 18 | | | |
| Multiple Dependent X = 0 | 8021 40 | 8021 40 | property (times number of properties) | | |
| Large Entity Small Entity | 1809 ,790 | 2809 39 | 95 Filing a submission after final rejection (37 CFR § 1.129(a)) | | |
| Fee | 1810 790 | 2610 39 | For each additional invention to be examined (37 CFR § 1.129(b)) | | |
| 1201 200 2201 100 Independent claims in excess of 3 | | | | | |
| 1203 380 2203 180 Multiple dependent claim, il not paid | 1801 790 | 2801 39 | | | |
| 1204 200 2204 100 "Reissue independent claims over original patent | 1802 900 | 1802 90 | 900 Request for expedited examination of a design application | | |
| 1205 50 2205 25 "Reissue claims in excess of 20 and over original patent | Other fee (specify) | | | | |
| SUBTOTAL (2) (\$) 75 *Reduced by Basic Filing Fee Pald SUBTOTAL (3) (5) 0 | | | | | |
| "or number previously paid, it greater, For Heissues, see above | | | | | |
| SUBMITTED BY Complete (# applicable) | | | | | |
| Name (Print/Type) Bryan K. Wheelock Registration No. | (Attorney/Agent) 31,441 | | Telephone | 314-726-7500 | |
| Signature & Wheelel | | | Date | December 15, 2004 | |